

DECLARATION

As a below-named inventor, I(we) hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND SYSTEM FOR CREATING A CONVENIENTLY ACCESSIBLE PORTABLE MEDICAL HISTORY

(Insert invention title)

the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to in the declaration.

I acknowledge the duty to disclose all information which is known to be material to patentability of this application in accordance with Title 37, Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119, of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

(List prior foreign applications)

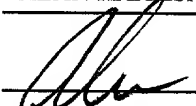
COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
CANADA	Docket TSG004/JTN	16/07/2001	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

I hereby declare that all statements made herein of my knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

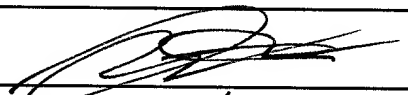
Telephone calls and correspondence should be directed to:

VIDAS, ARRETT & STEINKRAUS
Customer # 490

Sole or First Inventor

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Residence:
(if different
from post
office
address)

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Figure 1

UTILITY/DESIGN PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s):	ALAN HAAKSMA AND DUSTIN THOMAS IDE
Title:	METHOD AND SYSTEM FOR CREATING A CONVENIENTLY ACCESSIBLE PORTABLE MEDICAL HISTORY
Filed:	<input checked="" type="checkbox"/> concurrently herewith <input type="checkbox"/> on _____ and assigned Appl. No. _____

Commissioner for Patents
Washington, DC 20231

Docket No:

P68.2-10065

POWER OF ATTORNEY FROM ASSIGNEE

THE STATUM GROUP INC., as assignee of
(Name of Company)

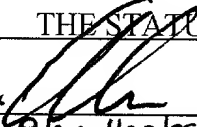
the entire interest of the above identified patent application, hereby appoints all practitioners of **Customer No. 490** to insert the docket no., filing date and application number of said application above when known; to prosecute this application and any application claiming priority therefrom; to execute any terminal disclaimers on behalf of assignee; and to transact all business in the Patent and Trademark Office connected therewith, and I hereby authorize them to act and rely on instructions from, and to communicate directly with, the firm or person which sent this case to VIDAS, ARRETT & STEINKRAUS unless or until I instruct VIDAS, ARRETT & STEINKRAUS in writing to the contrary.

Dated this 7th day of August, 2001.

(Name of Company)

THE STATUM GROUP INC.

(Signature)

By: 
Alan Haaksma

(Title)

Its: President

(Filing date, application number and docket number may be left blank at time of signing)

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